

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/539,765
	Filing Date	February 8, 2006
	First Named Inventor	Michael Grant
	Art Unit	1657
	Examiner Name	Kailash Srivastava
	Attorney Docket Number	1662.004US2

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified application, and

☐ all the practitioners of record;

☐ the practitioners (with registration numbers) of record listed on the attached paper(s); or

☒ the practitioners associated with Customer Number: 21186

NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reasons for this request are those described in 37 C.F.R.:

<input type="checkbox"/> 10.40(b)(1)	<input type="checkbox"/> 10.40(b)(2)	<input type="checkbox"/> 10.40(b)(3)	<input checked="" type="checkbox"/> 10.40(b)(4)
<input type="checkbox"/> 10.40(c)(1)(i)	<input type="checkbox"/> 10.40(c)(1)(ii)	<input type="checkbox"/> 10.40(c)(1)(iii)	<input type="checkbox"/> 10.40(c)(1)(iv)
<input type="checkbox"/> 10.40(c)(1)(v)	<input type="checkbox"/> 10.40(c)(1)(vi)	<input type="checkbox"/> 10.40(c)(2)	<input type="checkbox"/> 10.40(c)(3)
<input type="checkbox"/> 10.40(c)(4)	<input type="checkbox"/> 10.40(c)(5)	<input type="checkbox"/> 10.40(c)(6)	Please explain below:

Certifications

Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.

1. ☒ I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.

2. ☒ I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.

3. ☒ I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:

CHANGE OF CORRESPONDENCE ADDRESS

Complete the following section only when the correspondence address will change. Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71. Change the correspondence address and direct all future correspondence to:

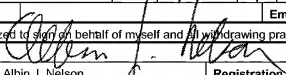
A. ☐ The address of the inventor or assignee associated with Customer Number: _____

OR

B. ☒ Inventor or Assignee Name: _____ Government of the United States of America as represented by the Secretary of the Department of Health and Human Services National Institutes of Health

Address	National Institute of Health, Office of Technology Transfer, 6011 Executive Blvd., Suite 325						
City	Rockville	State	MD	Zip	20852	Country	United States of America
Telephone				Email			

I am authorized to sign on behalf of myself and all withdrawing practitioners.

Signature			
Name	Albin J. Nelson	Registration No.	28,650
Address	1600 TCF Tower, 121 South 8th Street		
City	Minneapolis	State	MN
Zip	55402	Country	USA
Date	November 23, 2010	Telephone No.	(612) 373-6939

NOTE: Withdrawal is effective when approved rather than when received.